



Residence County	81 WASHTENAW
FIA Office	7344812000
Case Number	
Worker Load	203344

Member/ Patient Name	Gender	Date of Birth	Address	Coverage Period
				04/01/2013 To 04/30/2013

Status	Benefit Plan	Comments	Dates
Active		N/A	
Co-Pay	SPENDOWN	Spendown Amount: \$53.00 REFER TO MEDICAID PROVIDER MANUAL/MDCH WEBSITE FOR FURTHER DETAILS ON COVERED SERVICES INCLUDING PA, COPAY AND OTHER REQUIREMENTS.	04/01/2013 To 04/30/2013

<https://healthplanbenefits.mihealth.org>

Web site developed and maintained by MPHI, separate login needed from CHAMPS.

Helpful TIPS:

Only use amounts listed as a guide. May not be real-time information.

Spenddown amounts may change monthly depending on financial situations.

Information may not be available for all beneficiaries. Spenddown amounts are only displayed for eligibility requests for the Current Month and if the Spenddown Benefit Plan is assigned for the entire month

A zero (0) amount will be reported if the Spenddown Amount is not on file. *Contact DHS for the exact amount.*

Provider Hotline 1-800-292-2550